



**Controlled
Substance
Registration**

DEPARTMENT OF HEALTH

Licensure and Certification
615 East 4th Street
Pierre, SD 57501-1700
605-773-3356 FAX: 605-773-6667

\$100.00 FEE REQUIRED - INSTRUCTIONS on REVERSE
FEE MUST ACCOMPANY APPLICATION or RENEWAL

APPLICANT NAME

BUSINESS NAME
BUSINESS ADDRESS

MAILING ADDRESS (If different from business address)

BUSINESS PHONE

EMAIL ADDRESS

FAX NUMBER

SD PROFESSIONAL LICENSE #

DEA#

EXP.DATE

(attach photo copy of certificate)

PROFESSIONAL BUSINESS ACTIVITY (Check the appropriate box)

☐

Dentist

☐

Optometrist

☐

Pharmacy

☐

Podiatrist

☐

Medical Doctor

☐

Osteopathic Doctor

☐

Veterinarian

DRUG SCHEDULES (Check the appropriate box)

☐

Schedule I

☐

Schedule II

☐

Schedule III

☐

Schedule IV

☐

Schedule II Non-narcotic

☐

Schedule III Non-narcotic

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

Has the applicant or any officer or partner been
convicted of a felony under state or federal law
relating to the manufacture, distribution, or
dispensing of controlled substances?

Has the applicant or any officer or partner surrendered
any previous registration or professional license or had
any previous registration or professional license, state or
federal, revoked, suspended or denied?

(write "yes" or "no")

(write "yes" or "no")

If you have answered "yes" to either statement, please attach a notarized statement showing details.

I hereby apply for my South Dakota Controlled Substance Registration in accordance with South Dakota Codified Law 34-20B.

Signature

Date

Every person who prescribes, manufactures, distributes, or dispenses any controlled drug or substance within this state, or who proposes to engage in the prescribing, manufacture, distribution, or dispensing of any controlled drug or substance within this state, shall obtain annually a registration issued by the department according to the rules promulgated under this chapter. (SDCL 34:20B:29)

The department is authorized to inspect the establishment of a registrant or applicant for registration in accordance with the rules promulgated under this chapter. (SDCL 34:20B:40)

OFFICE USE ONLY 0

Approval Referred to DEA

Date CS # issued

Fee **Check #**

SD Controlled Substance # Issued

Expiration Date

SOUTH DAKOTA CONTROLLED SUBSTANCE REGISTRATION

INSTRUCTIONS

1. **Fee required (ARSD 44:58:03:02.1)**

\$100 fee required for initial application and renewal. Fee must accompany application.

Fee is non-refundable and not pro-rated. Make check, money order, or cashier's check payable to the South Dakota Department of Health.

\$35 fee for locum tenens physicians.

2. Read the statement of South Dakota Codified law (SDCL34:20B:29 and SDCL 34:20B:40) found at the bottom of the application.
3. The name and address of the proposed business or professional office in South Dakota must be included on your application. A street address or legal description, rather than a post office box number is required. Include your mailing address as well as your business, home and fax phone numbers.
4. Indicate your South Dakota professional license number. Pharmacies should indicate the license number issued by the South Dakota Board of Pharmacy. If your professional license had not been issued by your respective licensing board, write "pending".
5. Indicate your federal DEA number. If you have applied for a DEA number but it has not been issued, write "pending". DEA numbers are location specific, but can be transferred, by notifying the DEA office and the SD Department of Health. Attach a photocopy of your DEA certificate to the application. If you are completing a renewal application: Enclose a photocopy of your NEW DEA certificate, not the one currently expiring. You may hold your renewal until you receive your certificate from the DEA or attach a copy of your DEA renewal application.
6. Indicate the profession, discipline or business activity for which you are requesting registration.
7. Indicate the schedules of controlled substances for which you are requesting registration. Your federal registration must coincide with the schedules you request on your state registration. All controlled substances listed in federal schedule V are included in SD schedule IV.
8. Answer the questions regarding previous felony conviction or surrender of professional license or controlled substance registration. If you answer "yes" to either question, attach a notarized statement explaining the details.
9. Date and sign the application.
10. Each location where you dispense or administer controlled substances requires separate registration. Prescribing at more than one location is permissible under a single registration.
11. If you have any questions, please call the Department of Health at (605) 773-3356.
12. Forms should be mailed to: Licensure and Certification, Department of Health, 615 E 4th Street, Pierre, SD 57501-1700.